

# Benefits AT-A-GLANCE

For all active full-time, classified and unclassified employees, excluding police officers and firefighters

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**HUMANA MEDICAL PLANS**

CUSTOMER SERVICE, PROVIDER INFO AND CLAIMS  
1.800.448.6262 • [www.humana.com](http://www.humana.com)

**EYEMED VISION PLAN**

CUSTOMER SERVICE AND PROVIDER INFO  
1.866.723.0514 • [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

**METLIFE DENTAL PLAN**

CUSTOMER SERVICE, PROVIDER INFO AND CLAIMS  
PPO PLAN: [www.metlife.com](http://www.metlife.com) • 1.800.942.0854  
DHMO PLAN: [www.safeguard.net](http://www.safeguard.net) • 1.800.880.1800

**FRINGE BENEFIT MANAGEMENT COMPANY (FBMC)**

MEDICAL/DEPENDANT CARE FLEXIBLE SPENDING ACCOUNT  
1.800.342.8017 • [www.myfbmc.com](http://www.myfbmc.com)

**UNUM**

FMLA • SHORT-TERM • LONG-TERM DISABILITY PLAN •  
1.877.217.5495

**THE HARTFORD**

BASIC • SUPPLEMENTAL • DEPENDENT LIFE INSURANCE  
1.877.426.6483

**MIAMI BEACH EMPLOYEES RETIREMENT PLAN**  
305.673.7437

**NATIONWIDE RETIREMENT SOLUTIONS**

401(a) Retirement Plan (Code 013-02677) • 1.800.772.2182  
457 Deferred Comp Plan (Code 0036817) • 1.877.677.3678  
OBRA Plan (Code 0036817002) • 1.877.677.3678  
[www.nrsservicecenter.com](http://www.nrsservicecenter.com)

**ICMA-RC**

401(a) Retirement Plan (Code 303294), Roth 401 (Code 705588),  
457 Deferred Comp Plan (Code 109219)  
1.800.326.7272 • [www.icmarc.com](http://www.icmarc.com)

**CITY OF MIAMI BEACH HUMAN RESOURCES**  
305.673.7524

# MIAMI BEACH

YOU ARE AN  
**ESSENTIAL**  
PIECE

REVISED 10/09



WHO IS ELIGIBLE?

All full-time employees are eligible to participate in the City's benefit program. In addition, you may elect coverage under the City's group health plan for your dependents. Proof of dependency will be required prior to the enrollment of a dependent in the medical or dental plans. Eligible dependents include you:

- Legal spouse;
- Unmarried child(ren) or stepchild(ren) {stepchild(ren) must reside in employee's home} to the end of the calendar year in which the child reaches age 25 if the child meets all of the following requirements\*:
  - The child is dependent on the employee for support; and
  - The child is living in the employee's home;
  - Or the child is a full or part-time student.

*\* Under no circumstances shall Dependent mean a great grandchild or Emancipated Minor including where the great grandchild or Emancipated Minor meets all of the qualifications of a dependent as determined by the Internal Revenue Service.*

- Domestic partner (To elect domestic partner coverage, your domestic partner must be registered with Human Resources, Employee Benefits.)

Proof of dependency includes your marriage certificate or marriage licenses, birth certificate, adoption certificate, court ordered guardianship, or a copy of your divorce decree indicating you are the parent responsible for group health coverage.

WHEN IS MY COVERAGE EFFECTIVE?

- If you are a classified employee, coverage for all of the City's benefit programs is effective on your 91st day of hire.
- If you are an unclassified employee, coverage for all of the City's benefit programs is effective on your date of hire.

WHEN CAN I MAKE CHANGES TO MY PLAN ELECTIONS?

A qualified life event is the only circumstance under which the IRS rules allow you to make changes to your medical, dental, and flexible spending account elections during the plan year. Examples of a qualified life event include your marriage, divorce or legal separation, birth adoption or death of a dependent, a dependent who ceases to meet eligibility requirements or a significant change in your spouse's employment or benefit coverage.

If you experience a qualified life event that causes the need for you to make a change in your group health elections, you must contact Human Resources within 30 days of the date of the qualified life event to make the appropriate changes to your group health elections. If you do not contact Humana Resources within the 30 days, you will not be able to make the necessary changes to your coverage until the annual open enrollment occurring in the fall of each year with coverage effective date of January 1 of the following year.

GROUP MEDICAL OPTIONS

- Group health coverage is provided through Humana Medical Plans;
- Your participation is voluntary;
- You have a choice of five medical plans;
- The City pays at least 50% of the plan premium, depending on the plan you elect;
- Premiums are deducted from your pay in before-tax dollars;
- Your bi-weekly premium costs are:

HUMANA MEDICAL PLAN	EMPLOYEE ONLY		FAMILY	
	Employee	City	Employee	City
STANDARD HMO	\$45.42	\$136.27	\$180.22	\$270.33
PREMIUM HMO	\$149.10	\$149.10	\$369.66	\$369.66
STANDARD PPO	\$88.09	\$264.36	\$345.90	\$518.85
PREMIUM PPO	\$298.04	\$298.04	\$731.36	\$731.36
POS	\$165.98	\$165.98	\$411.93	\$411.93

GROUP DENTAL OPTIONS

- Group dental coverage is provided through MetLife;
- Your participation is voluntary;
- You have a choice of two dental plans;
- The City pays at least 50% of the plan premium;
- Premiums are deducted from your pay in before-tax dollars;
- Your bi-weekly premium costs are:

MetLife DENTAL PLAN	EMPLOYEE ONLY		EMPLOYEE + 1		FAMILY	
	Employee	City	Employee	City	Employee	City
PPO	\$7.07	\$7.07	\$13.62	\$13.62	\$20.88	\$20.88
Safeguard DHMO	\$2.08	\$2.08	\$3.64	\$3.64	\$5.72	\$5.72

FLEXIBLE SPENDING ACCOUNTS

A Flexible Spending Account (FSA) allows you to reimburse yourself for eligible out-of-pocket health care and dependent care expenses. Contributions to the plan are determined by you and are taken from your paycheck before taxes are calculated, reducing your taxable income. It is very important to carefully evaluate your expected eligible expenses for the year as money remaining in the plan at the end of the plan year cannot be refunded. This plan has a \$4.50 monthly administration fee that the City is paying for you.

HEALTH CARE FSA	DEPENDENT CARE FSA
Maximum Annual Contribution \$5,000	Maximum Annual Contribution \$5,000 <small>Depending on your tax filing status, your contribution maximum for the Dependent Care FSA may be lower.</small>
Eligible Expenses Include: <ul style="list-style-type: none"><li>• Health plan deductibles, copays and coinsurance</li><li>• Dental plan deductibles, copays and coinsurance</li><li>• Prescription copays</li><li>• Over the counter medications</li></ul>	Eligible Expenses Include: <ul style="list-style-type: none"><li>• Child care costs for the care of your dependent under the age of 13 so you or you and your spouse can work</li><li>• Expenses for the care of a dependent adult who is incapable of self-support</li></ul>

DISABILITY OPTIONS

Have you ever considered what would happen if you became disabled and could no longer work due to an illness or injury not related to your work? Likely it would be financially devastating not to have enough income to meet your monthly expenses.

To help you prepare for the unexpected, the City provides you with the option to purchase disability coverage. Because different people need different types of protection, two disability plan options are available.

SHORT-TERM DISABILITY

Short-Term Disability replaces a portion of your weekly earnings, based on your base earnings. Should you become unable to perform the duties of your position due to an illness or injury that is not work related, the plan replaces 60% of your pre-disability earnings to a maximum weekly benefit of \$1,500, for an approved disability. Disability payments begin after you have been disabled for a period of fourteen (14) consecutive calendar days, including Saturday and Sunday, and continue for a period of up to 26 weeks, provided you are unable to return to work.

You are considered disabled if you have an illness, pregnancy or accidental injury and you are unable to perform the duties of your position. You must be receiving the appropriate care from a physician on a continuing basis, your physician must certify that you are unable to return to work, and your claim has been approved by the Unum, the plan carrier, in order to receive payment. Plan costs are indicated below.

SHORT-TERM DISABILITY	I.E. 30 years old, Earn \$1,000/week	GO Calculate your bi-weekly short-term disability premium
Cost per \$10 monthly earnings (annual salary divided by 52)		
YOUR AGE   COST PER \$10 OF COVERAGE	\$1,000 x 0.60 \$ 600 ÷ 10 60 x 0.50 \$30.00 ÷ 2 \$15.00	Weekly Pay \$ Plan benefit of 60% x 0.60 Weekly short-term disability benefit \$ Premium based on \$10 increments ÷ 10 The rate for your age (see adjacent table) x The monthly premium \$ ÷ 2 The bi-weekly premium \$

LONG-TERM DISABILITY

This plan replaces 60% of your pre-disability earnings to a maximum monthly benefit of \$10,000, for an approved disability. If you have been unable to work for a period of 26 weeks or more, Long-Term Disability helps replace your income if you are still unable to work. You are considered disabled if you have an illness, pregnancy or accidental injury and you are unable to perform the duties of your position. You must be receiving the appropriate care from a physician on a continuing basis and your physician must certify that you are unable to return to work.

Coverage under the plan is provided until you are able to return to work, are approved by Social Security for Disability Benefits (if eligible), reach age 65 or until your death. In addition, the long-term disability plan provides training and job placement opportunities should you be unable to perform the duties of the job held prior to your illness or injury.

LONG-TERM DISABILITY	I.E. 30 years old, Earn \$4,000/month	GO Calculate your bi-weekly long-term disability premium
Cost per \$100 monthly earnings (annual salary divided by 100)		
MAXIMUM BENEFIT \$10,000 MONTHLY		
YOUR AGE   COST PER \$100 OF COVERAGE	\$4,000 ÷ 100 40 x 0.24 \$9.60 ÷ 2 \$4.80	Monthly Base Earnings \$ Premium based on \$100 increments ÷ 100 The rate for your age (see adjacent table) x Your monthly premium \$ ÷ 2 Your bi-weekly premium \$

## BASIC LIFE INSURANCE

To ensure that all employees have a basic level of life insurance protection, you are automatically enrolled in Basic Life Insurance. The City's Basic Life Insurance plan provides a benefit equal to your annual salary rounded to the next highest thousand dollars of coverage. The City pays 50% of the premium and you pay 50%. Plan costs are indicated below:

City pays \$0.0750 for each \$1,000 of your annual salary  
You pay \$0.0750 for each \$1,000 of your annual salary

## ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment (AD&D) is a plan that pays additional benefits if the cause of your death is due to a non-work-related accident. Fractional amounts of the policy will be paid out if you incur an injury that causes the loss of a limb, sight or permanent paralysis. In the event of your accidental death, the AD&D plan will pay benefits in addition to your Basic Life Insurance coverage. Death by illness, suicide, or natural causes is not covered by your AD&D policy.

You are automatically enrolled in the City's Basic AD&D Plan. The City pays the full premium cost for this coverage. The plan provides you with a benefit of 50% of your Basic Life Insurance coverage to a maximum benefit of \$20,000 in the event of your death due to non-work-related accident. In the event of an accident that results in your losing your eyesight, speech, hearing or a limb, the plan will pay you a specified amount.

## SUPPLEMENTAL LIFE INSURANCE

You may purchase additional life and AD&D insurance through the Supplemental Life Insurance Plan. This plan provides term life and AD&D coverage in a lump sum equal to one, two, three, four or five times your annual base pay rounded to the next highest thousand. The cost of Supplemental Life Insurance depends on the option you choose, your annual salary and age. Plan costs are indicated in the table below:

SUPPLEMENTAL LIFE INSURANCE		I.E. 30 years old, GO Calculate your supplemental life insurance premium	
Employees may elect from 1 to 5 times* their annual earnings		Earn \$48,225/year	2 times elected*
		\$48,000	
		X 2	
		\$96,450	
		\$97,000	
		÷ 1000	
		97	
		X 0.10	
		\$9.70	
		÷ 2	
		\$4.85	
			The bi-weekly premium

YOUR AGE	COST PER \$1,000 OF COVERAGE
UNDER 25	\$0.091
25 - 29	\$0.086
30 - 34	\$0.100
35 - 39	\$0.130
40 - 44	\$0.190
45 - 49	\$0.295
50 - 54	\$0.480
55 - 59	\$0.765
60 - 64	\$1.014
65 - 69	\$1.583
70 OVER	\$2.750

Annual Pay	X	LEVEL
Level of supplemental life elected	\$	
Amount of supplemental life elected	\$	
Round up to the next thousand	÷	1000
Premium based on \$1,000 increments		
	X	
The rate for your age (see adjacent table)	\$	
The monthly premium		
	÷	2

The value of your Supplemental Life Insurance will not decrease with age, however your elected coverage will increase or decrease based on changes in your annual salary.

## DEPENDENT LIFE INSURANCE

You may purchase term life coverage for your spouse and/or dependent children. Coverage is "bundled", meaning your purchase is based on the coverage level requested for a spouse, which includes coverage in the amount of \$10,000 for each of your dependent children. If you do not have a spouse, but want to purchase life insurance coverage for your dependent child(ren), your only option would be to elect \$20,000 in spouse coverage which will provide a \$10,000 benefit for each of your dependent children. Spouse coverage is limited to 50% of your Supplemental Life Insurance election. Plan costs are indicated in the table above.

## MIAMI BEACH EMPLOYEES RETIREMENT PLAN

- **Mandatory participation:** Regular full-time employees do not contribute to Social Security.
- **Contributions:** Employee: Pre-tax between 8% and 12% based on salary group and date of hire  
City: determined each year by actuary
- **Vesting:** 100% vested after 5 years in the plan (cliff vesting)
- **Benefit:** 3% per each year of service  
Times your Final Average Monthly Earnings (FAME equals 1/12 of the annual average of the two highest years of earnings)  
Maximum Pension Benefit: 80% of FAME

## 457 DEFERRED COMPENSATION PLAN

The 457 Deferred Compensation Plan provides you with the tools you need to help you build a solid retirement future. All permanent, full-time employees are eligible to make pre-tax contributions to the plan through payroll deduction.

- **Participation is voluntary;**
- **You decide the amount of pre-tax contributions;**
- **You decide on the investment options;**
- **Maximum annual deferral:** \$16,500 for 2010; \$22,000 for those over age 50

## ROTH IRA

A Roth IRA is an individual retirement account that provides you with tax-free growth. Your contribution to a Roth IRA is taken from your payroll check in after-tax dollars; the balance in your Roth IRA account grows tax free; and at your retirement, when you start withdrawing your funds, your withdrawals are tax free.

For additional information or to start a Roth IRA, please contact the City's ICMA-RC representative, Tony Chifari, at 202.309.3537.

## LEAVE TIME

### • Full-time Employees accumulate up to:

96 hours of Annual Leave (vacation) per year during the first 10 years of employment.

96 hours Sick Leave per year during the first 10 years of employment.

\*Up to three days may be deducted from your accumulated Sick or Annual Leave for use as Religious Holiday Leave.

### • In addition to Annual and Sick Leave, each year full-time employees are provided:

3 Floating Holidays, 1 Birthday Holiday

10 Legal Holidays: New Year's Day, Martin Luther King's Birthday, Presidents' Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day and the day after, and Christmas Day.

## TUITION ASSISTANCE

Tuition Assistance is available to full-time employees who have completed their probationary period, or for unclassified employees who have a minimum of six months of continuous service. Time served as provisional/temporary is excluded.

- The City will reimburse one course per semester/trimester/quarter equivalent to three credit hours for a total of twelve credits per calendar year for degree/non-degree seeking students.
- Reimbursement is for tuition only. No reimbursement is made for the cost of books, labs, special and/or additional fees, supplies, transportation, other expenses or prior to the successful completion of an approved specific course.
- Reimbursement for courses will not exceed:  
Approved Undergraduate Community College courses and Non-Credit/Certificate courses – \$158.25  
Approved Undergraduate University courses – \$251.16  
Approved Graduate courses – \$531.15

## PAYROLL CONTRIBUTIONS

Your payroll contributions for your medical and dental plan elections are deducted from your pay check before your Federal Income and Medicare Tax liability is calculated. Taking your payroll deductions for your medical and dental insurance premiums on a before-tax basis effectively reduces your taxable income by the amount of your deductions. You pay Federal Income and Medicare Taxes based on your reduced earnings. The amount you save in Federal Income and Medicare Taxes will depend on the amount of your income, your tax filing status, which medical and dental plans you have elected, and the number of withholding allowances you claim on your taxes.

Your before-tax medical and dental plan contributions will not effect your retirement plan contribution or the annual earnings used to determine your elected Short-Term Disability, Long-Term Disability, Basic Life Insurance and Supplemental Life Insurance benefits. The benefits provided by these plans are based on your gross earnings, before tax liability and benefit contributions are deducted.

## CONTINUATION OF COVERAGE

The Federal Government requires that covered employees and/or covered dependents be offered the opportunity to continue medical and/or dental coverage with the City of Miami Beach plans upon termination of employment for up to 18 months. Also, if a covered dependent is no longer eligible for coverage (such as a child attaining the majority age or the divorce of a covered spouse), the former dependent is to be offered the opportunity to continue participation in the plan for up to 36 months. You must notify Human Resources, Employee Benefits of the qualifying event within 60 days. Members will be responsible for premium deductions during those 60 days in order to avoid any lapse in coverage. Please refer to the notification form for further information.

## YOUR EARNINGS AND SOCIAL SECURITY

The City does not deduct Social Security from the payroll check of regular full-time employees; therefore the *Windfall Elimination Provision* applies.

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit.

For more information go to [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 1.800.772.1213.

This brochure is designed to highlight the key provisions of the City of Miami Beach benefits available to you. The plan documents control the benefits payable for these plans. This brochure is not intended to be a substitute for the full plan details. It is intended to provide you with a brief description of the benefit plans offered.

2010 MEDICAL BENEFITS OPTIONS	HUMANA HMO		HUMANA POS		HUMANA PPO			
	Premium	Standard	In Network	Out of Network	Premium		Standard*	
	Referrals Required Must Use Participating Providers	No Referrals Needed Must Use Participating Providers	Participating Providers	Non-Participating Providers	In Network Participating Providers	Out of Network Non-Participating Providers	In Network Participating Providers	Out of Network Non-Participating Providers
Maximum Lifetime Benefit	\$2,000,000	\$5,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$5,000,000	\$5,000,000
Annual Deductible Individual	NONE	NONE	•	\$400	\$200	\$200	\$350	\$350
Annual Deductible Family	NONE	NONE	•	\$800	\$600	\$600	\$1,050	\$1,050
Maximum Annual Out-of-Pocket Individual	•	•	\$0	\$2,500	\$1,000	\$1,000	\$3,000	\$6,000
Maximum Annual Out-of-Pocket Family	•	•	\$0	\$5,000	\$3,000	\$3,000	\$6,000	\$12,000
Maximum Annual Co-payments Individual	\$1,500	\$1,500	•	•	•	•	•	•
Maximum Annual Co-payments Family	\$3,000	\$3,000	•	•	•	•	•	•
Physician Office Visit (PCP)	\$5 Copay	\$20 Copay	\$5 Copay	(D) Then 70%	\$10 Copay	(D) Then 80%	\$25 Copay	(D) Then 70%
Specialist Office Visit	•	\$30 Copay	\$5 Copay	(D) Then 70%	\$10 Copay	(D) Then 80%	\$25 Copay	(D) Then 70%
Allergy Testing & Treatment	\$5 Copay	\$20 PCP/ \$30 Specialist	\$5 Copay	(D) Then 70%	\$3 Copay	(D) Then 70%	No Copay	(D) Then 70%
Outpatient Diagnostic Services (Non-surgical Care, Advanced Imaging MRI, PET, MRA, CAT, SPECT)	No Copay	\$100 Copay	No Copay	(D) Then 70%	90% after \$25*	(D) 70% after \$100*	(D) Then 80%	(D) Then 60%
Outpatient Surgery	No Copay	\$100 Copay	No Copay	(D) Then 70%	90% after \$100*	(D) 70% after \$500*	(D) Then 80%	(D) Then 60%
Urgent Care	\$25 Copay	\$30 Copay	•	•	•	•	•	•
Emergency Room	\$25 copay in service area, \$100 or 25% or reasonable cost outside service area	\$100 Copay/visit	\$50 Copay/visit	(D) Then 70%	90% after \$25*	(D) then 70% after \$25*	80% after \$100*	(D) Then 60%
Inpatient Care	100% after \$100 copay	100% after \$100/day copay (First 5 Days)	100% after \$100 per/ADM	70% after \$500 per/ADM	90% after \$100*	(D) then 70% after \$500*	(D) Then 80%	(D) Then 60%
Mental and Nervous			Treated as any other illness. All copays and deductibles apply.					
Substance Abuse			Treated as any other illness. All copays and deductibles apply.					
Prescription Drugs (At Pharmacy - 30 Day Supply)								
Generic	\$5 Copay	\$7 Copay	\$10 Copay	\$14 Copay	\$10 Copay	\$14 Copay	\$10 Copay	70% after copay + cost difference generic and name brand
Formulary	\$5 Copay	\$35 Copay	\$10 Copay*	\$14 Copay*	\$10 Copay*	\$14 Copay*	\$30 Copay	
Name Brand	Not Covered	\$50 Copay	\$10 Copay*	\$14 Copay*	\$10 Copay*	\$14 Copay*	\$50 Copay	
Prescription Drugs Mail Order (90 Day Supply)								
Generic	\$15 Copay	\$14 Copay	\$30 Copay	\$42 Copay	\$30 Copay	\$42 Copay	\$30 Copay	70% after copay + cost difference generic and name brand
Formulary	\$15 Copay	\$70 Copay	\$30 Copay*	\$42 Copay*	\$30 Copay*	\$42 Copay*	\$90 Copay	
Name Brand	Not Covered	\$100 Copay	\$30 Copay*	\$42 Copay*	\$30 Copay*	\$42 Copay*	\$150 Copay	
Bi-weekly Premium								
Employee Only	\$149.10	\$45.42		\$165.98		\$298.04		\$88.09
Family	\$369.66	\$180.22		\$411.93		\$731.36		\$345.90

\*Per admission \*Generic provided when available

EyeMed Vision Plan		Vision benefit for employees and dependents participating in one of the City's medical plans effective January 1, 2010. Must use participating providers.	
EXAMINATION	ONCE EVERY 12 MONTHS WITH DILATION (AS NECESSARY)	NO COPAY	LENS OPTIONS
FRAMES	ONCE EVERY 12 MONTHS ANY AVAILABLE FRAME AT PROVIDER LOCATION	\$75 PLAN PAYMENT THEN 20% DISCOUNT ON BALANCE	ONCE EVERY 12 MONTHS
STANDARD PLASTIC LENSES	ONCE EVERY 12 MONTHS		UV TREATMENT
	SINGLE VISION	\$10 COPAY	
	BIFOCAL	\$10 COPAY	TINT (SOLID AND GRADIENT)
	TRIFOCAL	\$10 COPAY	STANDARD PLASTIC SCRATCH COATING
	LENTICULAR	\$10 COPAY	STANDARD POLYCARBONATE - ADULT
	STANDARD PROGRESSIVE	\$10 COPAY	STANDARD POLYCARBONATE - CHILD (UNDER 19)
	PREMIUM PROGRESSIVE	\$10 COPAY PLUS 80% OF COST LESS \$120 ALLOWANCE	STANDARD ANTI-REFLECTIVE COATING
LASER VISION CORRECTION			POLARIZED
	LASIK OR PRK FROM U.S. LASER NETWORK	15% DISCOUNT FROM REGULAR COST 5% DISCOUNT FROM PROMOTIONAL COST	OTHER ADD ONS
ADDITIONAL PAIRS BENEFIT			
	COMPLETE PAIR EYEGLASSES	40% DISCOUNT	CONTACT LENSES
	CONVENTIONAL CONTACT LENSES	15% DISCOUNT	ONCE EVERY 12 MONTHS - Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed
			STANDARD FIT AND FOLLOW-UP
			PREMIUM FIT AND FOLLOW-UP
			CONVENTIONAL
			DISPOSABLE

2010 DENTAL PLAN OPTIONS	MetLife DHMO		MetLife PPO	
	Must use participating providers. Plan pays 100% after fixed copayment for service.		Must use participating providers. Plan payment is based on providers reduced contracted fees.	
	Your choice of licensed dental care providers. Plan payment is based on reasonable and customary allowances.			
ANNUAL DEDUCTIBLE	NONE		\$50 INDIVIDUAL/\$150 FAMILY	
ANNUAL MAXIMUM	NONE		\$2,000 PER PARTICIPANT	
LIFETIME ORTHODONTIA MAXIMUM	NONE		\$1,500 PER PARTICIPANT	
DIAGNOSTIC AND PREVENTIVE SERVICES				
PERIODIC ORAL EVALUATION				
X-RAYS, INTRAORAL INCLUDING BITEWINGS	NO COPAY		COVERED AT 100%	
CLEANINGS, FLUORIDE APPLICATIONS, SEALANTS			COVERED AT 100%	
BASIC SERVICES				
FILLINGS - ONE SURFACE, AMALGAM OR RESIN-BASE COMPOSITE	NO COPAY		80% AFTER DEDUCTIBLE	
COMPOSITE (WHITE) FILLINGS	\$30		80% AFTER DEDUCTIBLE	
PERIODONTICS (TREATMENT OF DISEASES OF THE GUMS)	FIXED COPAY - SEE SCHEDULE		80% AFTER DEDUCTIBLE	
ENDODONTICS (ROOT CANAL)	FIXED COPAY - SEE SCHEDULE		80% AFTER DEDUCTIBLE	
MAJOR SERVICES				
CROWN, BRIDGES, DENTURES	FIXED COPAY - SEE SCHEDULE		50% AFTER DEDUCTIBLE	
ORTHODONTICS				
*BENEFITS ARE NOT SUBJECT TO THE ANNUAL DEDUCTIBLE				
LIMITED TREATMENT - MINOR PROCEDURE	\$725 COPAY		50%	
COMPREHENSIVE (FULL CASE)	\$1,695 COPAY		50%	
BI-WEEKLY PREMIUM				
EMPLOYEE ONLY	\$2.08		\$7.07	
EMPLOYEE + 1	\$3.64		\$13.62	
FAMILY	\$5.72		\$20.88	